

**REVIEW REQUIREMENTS CHECKLIST
HIV TESTING CONSENT FORM**

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	REFERENCE Form/Page/Para.
Permitted HIV Tests	A.A.C. R20-6-1203(A)		
Purpose of the Consent Form	A.A.C. R20-6-1203(C)(1)		
Information on HIV	A.A.C. R20-6-1203(C)(2)		
Pretest Counseling Considerations	A.A.C. R20-6-1203(C)(3)		
Disclosure of Test Results	A.A.C. R20-6-1203(C)(4)		
Meaning of Positive Test Results	A.A.C. R20-6-1203(C)(5)		
Consent	A.A.C. R20-6-1203(C)(6)		
Optional Release of Information to Personal Physician	A.A.C. R20-6-1203(C)(7)		
Time Period During Which Release of Information is Effective	A.A.C. R20-6-1203(C)(8)		

CERTIFICATION

I, _____, hereby certify that to the best of my knowledge and belief that each form or rate filing involved in this filing: 1) Conforms to all of the applicable requirements outlined above; 2) Contains no provision(s) previously disapproved or required to be corrected and/or revised by the Arizona Department of Insurance; and 3) Does not exceed this insurer's powers, the authority granted by its state of domicile and its Arizona certificate of authority.

Signature of
Officer: _____
Date: _____